

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

More on the Medical Consequences of Nuclear War

TO THE EDITOR: The ostensible purpose of the four articles on the predicted medical consequences of nuclear war in the February 1983 issue was to convince readers that "prevention of nuclear war is the only alternative worthy of our pursuit."¹ But do physicians need to be convinced? Does anyone seriously believe that there is a significant number who *don't* advocate prevention of nuclear war? Why, then, publish a "symposium"?

Curiously, the authors say very little about the *means* by which nuclear war is to be prevented. Dr Cassel states that "there is no political reason on earth that can morally justify the continued uncontrolled existence of [nuclear] weapons,"² but she offers no plan for controlling those weapons, especially those in the possession of the Soviet government. Dr Lipton is equally vague, but seems to think that going to a lot of meetings will somehow help.³ Dr Hollingsworth mentions the "gentle forbearance" of the Japanese A-bomb victims as "a goad to what we can do," then mysteriously refrains from stating what we can do.⁴

Why the great reluctance and hesitation to recommend a solution? Is what they have in mind too embarrassing? Dr Kornfeld gives us a clue: "The opportunity exists . . . to freeze the further development of nuclear weapons"⁵ [emphasis mine]. Does this mean that Dr Kornfeld and the other authors are advocating the so-called "nuclear freeze"? I sincerely hope not.

As prophylaxis for nuclear war, the "freeze"—a code word for a trust-the-Russians scheme which would seriously restrict our self-defense options—would be as effective as a garlic necklace.

Concerning the prevention of nuclear war, the essential question for Americans is this: Do we need nuclear weapons for "deterrence" or don't we? If we don't, we should ban them all *unilaterally*; their mere existence is unacceptably dangerous. If we do need them, then we need an *effective* deterrent, not a placebo, and certainly not the kind of "deterrent" limited by treaty with a self-declared enemy.

The "freeze" proposal, though it may be popular, is not a rational compromise between the two alternatives. It is the worst of both worlds. It would guarantee enough computer-triggered nuclear missiles to maintain the peril of accidental nuclear holocaust, but *not* enough

to convince the Politburo that a nuclear war is unwinnable (for them).

Physicians, like all Americans, must eventually choose between the only real alternatives: unilateral disarmament or a genuinely *defensive* weapons system, not crippled by any treaties, which could assure destruction of incoming nuclear missiles before they do damage to the biosphere.

Somehow I got the feeling that the "symposium" was a sort of soft-sell pitch for the "nuclear freeze," and that disturbs me. The risk of nuclear war may be a significant medical issue, but *The Western Journal of Medicine* is no place to peddle snake oil.

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3. Lipton JE: The last traffic jam (Medical Consequences of Nuclear War Symposium). West J Med 1983 Feb; 138:226
4. Hollingsworth JW: The survivors of Hiroshima and Nagasaki: Delayed effects (Medical Consequences of Nuclear War Symposium). West J Med 1983 Feb; 138:219-221
5. Kornfeld H: Nuclear weapons and civil defense—the influence of the medical profession in 1955 and 1983 (Medical Consequences of Nuclear War Symposium). West J Med 1983 Feb; 138:212

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TO THE EDITOR: With the publication of its fine series on the medical consequences of nuclear war,¹ the *Western Journal* has begun to meet its responsibility to educate physicians about this supreme health issue. This is in keeping with resolutions by the American Medical Association (*The New York Times*, December 10, 1981, "AMA Vote on Arms Peril Bids Doctors to Take Action") and numerous local and state medical associations—among them the California Medical Association (CMA House of Delegates Resolution 3a-82: "Medical Consequences of Nuclear Weapons") calling for such educational efforts.

The next step in this process is suggested by the passage of a resolution by the California Medical Association's House of Delegates in March 1983. It calls upon the association to "work with state authorities to develop contingency plans for dealing with the medical consequences of limited or all-out nuclear war" and to "present a similar resolution to the AMA for a cohesive nationwide plan to deal with the public health consequences of nuclear war" (Resolution 17-83).

This is a departure from previous public statements